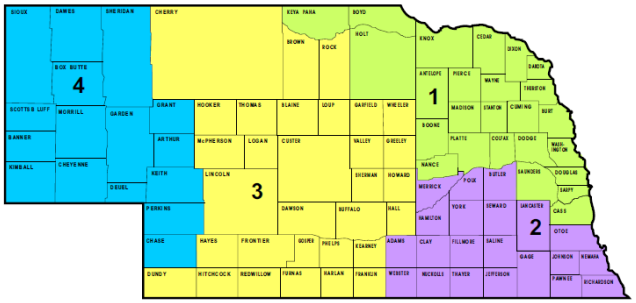
State Trauma System



http://dhhs.ne.gov/publichealth/Pages/ems_emstrauma.aspx

I. General Information

II. Preparing for State Trauma Visit

III. Meeting State Criteria

IV. State Visit

I. General Information

a. Purpose of Consult visit is to assess readiness of current system and make recommendations for changes to meet State criteria.
b. Purpose of Designation Visit is to verify hospital's compliance with all of the State trauma center criteria.
c. To be successful, every Trauma Nurse Coordinator should have dedicated time every week to devote to their duties. Amount of time will depend on size of hospital and level of designation.
d. Act on weaknesses or recommendations prior to next visit.
e. Re-designation takes place every 4 years.
f. Trauma patients are defined as any patient admitted, transferred or died with ICD codes 800.0 - 959.9, 994.1, 994.7 and 994.8. Patients treated in ED and released to home/nursing home are NOT included.

II. Preparing for State Trauma Visit

a. Start at least one year in advance.
b. Contact Sherri Wren, State trauma Program Manager (402) 471-0539 or (800) 422-3460, #2-8 sherri.wren@nebraska.gov. She will assign you a Regional Trauma Educator to assist you with the designation process.
c. Review State Criteria http://dhhs.ne.gov/Pages/reg_t185.aspx
d. Review ACS "Optimal Care Document"
e. Work closely with the Regional Trauma Educator. They can assess your system, provide examples of required paperwork and policies and provide advice on setting up PI/Peer Review program.

III. Meeting State Criteria

a. Assign a Trauma Nurse Coordinator (TNC) and Trauma Medical Director (TMD) and develop job descriptions for each.

b. Obtain written commitments from Hospital Governing Board and Medical Staff. Use examples from State website.

c. Assure that required equipment is in all Departments. Organize the equipment for ease of use. Label cabinets. Consider developing a competency for staff to locate and operate little used equipment.

d. Develop system for TNC to identify and track patients on a regular basis. Patients admitted to the hospital should be followed closely by the TNC to assure compliance with guidelines and protocols.

e. PI/Peer Review

1. Develop Trauma PI Committee and PI Indicators.
    a. Develop PI Log and Tracking Form
    b. Attendance should include TNC, TMD, Radiology, Laboratory, Nursing, local EMS, Hospital Quality Officer.
    c. Keep detailed minutes of meetings including outcomes and loop closure.

d. Can meet monthly or quarterly depending on volume.
e. Monitor PI Indicators
    i. Use state trauma PI Indicators on State website
    ii. Two must be pediatric related
    iii. Monitor response time of team members
    iv. Monitor EMS documentation and care
    v. Tailor other PI indicators to problems in your hospital
f. Protocol/Policy/Guideline development
g. Review Major Incidents/System's Issues/Deviation from Policy/Protocol – develop plan to correct problem and implement plan. Monitor to assure that this has corrected the problem (loop closure). Loop closure can be accomplished through guideline development, policy/procedure change, counseling, targeted education, change in provider privileges.
h. Keep attendance

2. Develop Physician Peer Review Meeting.
    a. Can be in conjunction with Medical Staff meeting or PI Committee meeting.

b. Keep separate minutes for this meeting. Include detailed minutes of discussion and action/outcomes.
c. TNC should attend this meeting.
d. Peer Review must be conducted by physicians current in ATLS. Controversial charts can be sent to Regional Trauma Center for review.
i. All in-house deaths must reviewed and categorized as Non-preventable, Potentially preventable, or Preventable.

f. Develop Trauma Flow Sheet – good PI Committee project

g. Trauma Registry
   i. Develop system for registry. Decide who will abstract and enter the data.
   ii. Contact Regional Trauma Registrar for access to Image Trends.
   iii. Must be submitting data for at least 3 months prior to designation visit.
   iv. Even if TNC is not entering data, they must have knowledge of the registry.

h. Once registry in use, can be used to direct PI activities.

i. Prevention: Keep a log with date, topic, location and # of attendees of all prevention activities completed by any staff in the hospital- Car seat checks, seatbelt education, farm safety, drinking/texting and driving. Look at your population for what is most common cause of injuries.

j. EMS: Conduct routine education with EMS – Keep a log of date, topic, location and attendees. Document any care issues and follow up in PI Committee. EMS is required to be invited to PI Committee.

k. Disaster Drills – Keep log of local and regional disaster drills. EMS should be included in drills.

l. Continuing Education
    i. Not required to meet this criteria for first time designation
    ii. Keep Log of Nursing TNCC and trauma related continuing education and MD/Physician Extender ATLS. Include name of participant, hire date, name of programs attended, and date and total hours. Example on State website. Nebraska trauma education newsletter is a resource for applicable and available trauma education.

m. Attend Regional Meetings

n. Required Policies:

i. Trauma Activation Policy – post copy at nurse's station and educate EMS on policy
ii. PI/Peer Review Plan

o. Helpful Policies:
i. C-spine clearance
ii. Administration of uncrossmatched O blood including release of blood to helicopter personnel for transfer
iii. Criteria for Physician Extenders to call in Supervising MD.

p. When ready for visit, complete State Questionnaire and submit to Sherri Wren. Provide as much detail as possible.

IV. State Visit

1. Sherri will schedule date and reviewers with you.
2. Visits take approximately four hours.
3. Preparation:
    a. PI/Peer Review- have PI and Peer Review minutes and PI logs organized and available for review
    b. Notebooks with Logs – Prevention, EMS education, Staff education, Disaster Drills
    c. Notebook with Trauma Policies and Procedures
    d. Chart reviews
        i. Pull a minimum of 20 trauma charts for last 12 months. Should include face sheet, EMS forms and any PI documentation/form associated with case (if applicable)
        ii. Assure that in-house deaths are pulled for review.
        iii. Organize charts into: Transfers, Deaths, Admitted to hospital.
        iv. If you have EMR – print out EMS form, Trauma Flow Sheet, H&P, Consults, OP notes & Discharge Summaries (if applicable) and autopsy report.

4. Visit:
    a. Initial Interview
        i. Discuss trauma program in general and answer basic questions over lunch or breakfast
        ii. Attendance: TNC, TMD, Administration, local EMS, personnel from Radiology, Lab, Quality Office, registrar.
    b. Hospital Tour
        i. Have staff available in each department to meet reviewers and answer questions.
        ii. Physician and Nurse Reviewers as well as State representative will take tour.
        iii. Will tour ED, EMS bay, Helicopter landing zone, Radiology, Blood Bank, OR/ICU (if applicable), nurses station.
    c. Chart Review - Physician Reviewer will review charts. Have someone knowledgeable in the chart in room to assist.
    d. PI Review – Nurse Reviewer will spend majority of time reviewing PI and Peer Review process.
        i. TNC and if applicable, Quality Director should be included.

ii. Minutes of meetings, forms, plans, attendance and response time log will be reviewed.
iii. Copies of any trauma related policies should also be available as well as Prevention, EMS and Education logs.
iv. Must be able to demonstrate loop closure

e. EMS Review – State EMS representative will interview local EMS personnel regarding relationship with hospital, knowledge of trauma activation criteria, participation in PI Committee, EMS protocols and policies related to trauma.

f. Exit Interview
i. Same personnel as Initial Interview should attend if possible.
ii. Reviewers will review Strengths, Weaknesses, Deficiencies and Recommendation for Improvement.
iii. A more detailed written report will be submitted to the State and the Hospital. The final determination regarding designation is made by the State Medical Director and may differ from the review team's findings.